Post-Traumatic Stress Disorder
April , 2003

1: Crit Care Nurse. 2003 Feb;23(1):59-65.
Early identification and management of critical incident stress.
Caine RM, Ter-Bagdasarian L.
California State University, Los Angeles, USA.
Everyone experiences stress. That stress may be related to work (internal), community (external), or family; it may be cumulative or related to a particular critical incident. The cost related to treating acute stress is staggering, both to individuals and to organizations. Critical care nurses are well educated in the physiological responses to the stress of acute illness. Recognizing the emotional impact of stress and the techniques to manage it in themselves and in those with whom they work is equally as important. CISD is widely advocated as an intervention after critical incidents. Although debriefing in and of itself is effective, a single-session semistructured crisis intervention will not prevent posttraumatic stress; thus, the use of CISD as part of a comprehensive multifaceted approach to the management of acute stress related to a critical incident is recommended.
Publication Types:
Review
Review, Tutorial
PMID: 12640960 [PubMed - indexed for MEDLINE]

2: J Nerv Ment Dis. 2003 Mar;191(3):191-3.
The influence of litigation on maintenance of posttraumatic stress disorder.
Bryant RA, Harvey AG.
School of Psychology, University of New South Wales, Sydney, NSW 2052, Australia.
PMID: 12637846 [PubMed - indexed for MEDLINE]

3: Arch Gen Psychiatry. 2003 Mar;60(3):289-94.
Posttraumatic stress disorder and the incidence of nicotine, alcohol, and other drug disorders in persons who have experienced trauma.
Breslau N, Davis GC, Schultz LR.
Department of Psychiatry, Henry Ford Health System, Detroit, MI 48202-3450, USA. nbresla1@hfhs.org
BACKGROUND: We examine whether exposure to traumatic events increases the risk for nicotine dependence or alcohol or other drug use disorders, independent of

posttraumatic stress disorder (PTSD). METHODS: Data come from a longitudinal epidemiologic study of young adults in southeast Michigan. Prospective data covering a 10-year period and retrospective lifetime data gathered at baseline were used to estimate the risk for onset of substance use disorders in persons with PTSD and in persons exposed to trauma without PTSD, compared with persons who have not been exposed to trauma. The National Institute of Mental Health Diagnostic Interview Schedule for DSM-III-R was used. Logistic regression was used to analyze the prospective data, and Cox proportional hazards survival analysis with time-dependent variables was applied to the lifetime data. RESULTS: The prospective and retrospective data show an increased risk for the onset of nicotine dependence and drug abuse or dependence in persons with PTSD, but no increased risk or a significantly (P =.004) lower risk (for nicotine dependence, in the prospective data) in persons exposed to trauma in the absence of PTSD, compared with unexposed persons. Exposure to trauma in either the presence or the absence of PTSD did not predict alcohol abuse or dependence. CONCLUSIONS: The findings do not support the hypothesis that exposure to traumatic events per se increases the risk for substance use disorders. A modestly elevated risk for nicotine dependence might be an exception. Posttraumatic stress disorder might be a causal risk factor for nicotine and drug use disorders or, alternatively, the co-occurrence of PTSD and these disorders might be influenced by shared risk factors other than traumatic exposure.
PMID: 12622662 [PubMed - indexed for MEDLINE]

4: Arch Gen Psychiatry. 2003 Mar;60(3):283-8.
Physiologic responses to sudden, loud tones in monozygotic twins discordant for combat exposure: association with posttraumatic stress disorder.
Orr SP, Metzger LJ, Lasko NB, Macklin ML, Hu FB, Shalev AY, Pitman RK; Harvard/Veterans Affairs Post-traumatic Stress Disorder Twin Study Investigators.
Department of Psychiatry, Massachusetts General Hospital and Harvard Medical School, Boston, USA. scott_orr@hms.harvard.edu
BACKGROUND: Larger heart rate responses to sudden, loud (startling) tones represent one of the best-replicated psychophysiologic markers for posttraumatic stress disorder (PTSD). This abnormality may be a pretrauma vulnerability factor, ie, it may have been present prior to the event's occurrence and increased the individual's likelihood of developing PTSD on traumatic exposure. Alternately, it may be an acquired PTSD sign, ie, it may have developed after the traumatic exposure, along with the PTSD. Studying identical twins discordant for traumatic exposure offers an opportunity to resolve these competing origins. METHODS: Subjects included pairs of Vietnam combat veterans and their non-combat-exposed, monozygotic twins. Combat veterans were diagnosed as having current PTSD (n = 50) or non-PTSD (ie, never had) (n = 53). All subjects listened to a series of 15 sudden, loud tone presentations while heart rate, skin conductance, and orbicularis oculi electromyogram responses were measured. RESULTS: Consistent with previous reports, averaged heart rate responses to the tones were larger in Vietnam combat veterans with PTSD. These larger responses were not shared by their non-combat-exposed co-twins, whose responses were similar to those of the non-PTSD combat veterans and their non-combat-exposed co-twins. This result remained significant after adjusting for a number of potentially confounding factors. CONCLUSIONS: The results suggest that larger heart rate responses to sudden, loud tones represent an acquired sign of PTSD rather than a familial vulnerability factor.

Publication Types:
Twin Study
PMID: 12622661 [PubMed - indexed for MEDLINE]

5: J Pers Assess. 2002 Dec;79(3):531-49.
The Infrequency-Posttraumatic Stress Disorder scale (Fptsd) for the MMPI-2: development and initial validation with veterans presenting with combat-related PTSD.
Elhai JD, Ruggiero KJ, Frueh BC, Beckham JC, Gold PB, Feldman ME.
Department of Psychiatry and Behavioral Sciences, Medical University of South Carolina and Veterans Affairs Medical Center, Charleston, South Carolina 29401, USA.
Researchers have identified difficulties associated with the use of traditional Minnesota Multiphasic Personality Inventory-2 (MMPI-2; Butcher, Dahlstrom, Graham, Tellegen, & Kaemmer, 1989) validity scales with survivors of traumatic events. A new scale, the Infrequency-Posttraumatic Stress Disorder scale (Fptsd), was created from MMPI-2 items that were infrequently endorsed by 940 male combat veterans presenting for treatment at the posttraumatic stress disorder (PTSD) clinics of 2 Veterans Affairs Medical Centers. A variety of statistical methods were implemented that preliminarily established Fptsd's validity with a validation sample of 323 additional PTSD-diagnosed combat veterans. Results indicate that, relative to previously established validity and overreporting scales (F, Fb, and Fp), Fptsd was significantly less related to psychopathology and distress and better at discriminating simulated from genuinely reported PTSD. Clinical implications are discussed concerning the use of Fptsd to assess disability-seeking veterans suspected of overreporting PTSD symptoms.
Publication Types:
Evaluation Studies
PMID: 12511019 [PubMed - indexed for MEDLINE]

6: Hum Psychopharmacol. 2002 Dec;17(8):383-400.
Pharmacotherapy of anxious disorders.
Bourin M, Lambert O.
Neurobiology of Anxiety and Depression, Faculty of Medicine, BP 53508, 44035 Nantes Cedex 1, France. mbourin@sante.univ-nantes.fr
The present paper is a review of the treatment of anxious disorders by the current pharmaceutical medications; a short epidemiological survey is given for anxious disorders including: general anxiety disorder, panic disorder, obsessive compulsive disorder, social anxiety and post-traumatic stress disorder. For all these disorders there are proposals of treatment built on literature data mainly on meta-analysis as well on personal experience. Copyright 2002 John Wiley & Sons, Ltd.
Publication Types:
Review
Review, Academic
PMID: 12457374 [PubMed - indexed for MEDLINE]

7: Psychol Med. 2002 Nov;32(8):1479-80; author reply 1480-3.
Comment on:
Psychol Med. 2002 May;32(4):573-6.

The relationship between trauma exposure, post-traumatic stress disorder (PTSD) and depression.
Neria Y, Bromet EJ, Marshall R.
Publication Types:
Comment
Letter
PMID: 12455947 [PubMed - indexed for MEDLINE]

8: J Clin Psychol. 2002 Dec;58(12):1555-71.
A cluster analysis of symptom patterns and adjustment in Vietnam combat veterans with chronic posttraumatic stress disorder.
Mazzeo SE, Beckham JC, Witvliet Cv C, Feldman ME, Shivy VA.
Virginia Commonwealth University, Richmond 23284, USA. semazzeo@vcu.edu
This study investigated whether a subgroup of veterans with malignant posttraumatic stress syndrome, as described by Rosenheck (1985) and Lambert et al. (1996), could be identified via cluster analysis within two samples of Vietnam veterans with combat-related posttraumatic stress disorder (PTSD). In the initial subsample (n = 157), four clusters were identified, including a subgroup that scored consistently higher on measures of interpersonal violence and current physical problems. Similar results were found in the cross-validation subsample (n = 156). These results provide support for the theoretical concept of malignant PTSD and suggest that veterans with chronic PTSD are not homogenous. Whereas some manifest extreme levels of both functional impairment and PTSD symptomatology, others exhibit markedly less functional impairment despite manifesting clinically significant levels of PTSD. Clinicians can consider this heterogeneity in their treatment decisions. Copyright 2002 Wiley Periodicals, Inc.
PMID: 12455022 [PubMed - indexed for MEDLINE]

9: J Psychiatr Res. 2002 Nov-Dec;36(6):355-67.
Psychopharmacological treatment in PTSD: a critical review.
Albucher RC, Liberzon I.
Department of Psychiatry/PCT 116C, Veterans Administration Medical Center, University of Michigan, 2215 Fuller Road, Ann Arbor, MI 481105, USA.
INTRODUCTION: Posttraumatic stress disorder (PTSD) is a prevalent psychiatric disorder that is heterogeneous in its nature, and often presents with other psychiatric comorbidities. As a result, empirical research on effective pharmacotherapy for PTSD has produced complex findings. This article reviews the existing research literature on pharmacological treatments for PTSD, identifies the most effective treatments, and where possible examines their mechanism of action with respect to the neurobiology of PTSD. METHODS: We examined reports of clinical trials of psychotropic agents carried out with PTSD patients and published in peer-reviewed journals, as well as reports from presentations at scientific meetings between 1966 and 2001. RESULTS: Numerous medications are effective in treating PTSD. These include tricyclic antidepressants, monoamine oxidase inhibitors, and serotonin reuptake inhibitors. Considering reported overall efficacy and side effects profiles, selective serotonin reuptake inhibitors emerge as the preferred first line treatment for PTSD. Mood stabilizers, atypical neuroleptics, adrenergic agents, and newer antidepressants also show promise, but require further controlled trials to clarify their place in the pharmacopoeia for PTSD. DISCUSSION: There is clear evidence for effective pharmacotherapy of PTSD. Future improvements in the treatment of this disorder

await further clinical trials and neurobiological research.
Publication Types:
Review
Review, Academic
PMID: 12393304 [PubMed - indexed for MEDLINE]

10: Psychiatr Q. 2002 Fall;73(3):171-82.
Critical Incident Stress Management (CISM): a statistical review of the literature.
Everly GS Jr, Flannery RB Jr, Eyler VA.
Loyola College, Johns Hopkins School of Hygiene and Public Health, Baltimore, MD, USA.
Crisis intervention has emerged over the last 50 years as a proven method for the provision of urgent psychological support in the wake of a critical incident or traumatic event. The history of crisis intervention is replete with singular, time-limited interventions. As crisis intervention has evolved, more sophisticated multicomponent crisis intervention systems have emerged. As they have appeared in the extant empirically-based literature, their results have proven promising. A previously published paper narratively reviewed the Critical Incident Stress Management (CISM) model of multicomponent crisis intervention. The purpose of this paper was to offer a statistical review of CISM as an integrated multicomponent crisis intervention system. Using the methodology of meta-analysis, a review of eight CISM investigations revealed a Cohen's d of 3.11. A fail-safe number of 792 was similarly obtained.
Publication Types:
Review
Review, Tutorial
PMID: 12143079 [PubMed - indexed for MEDLINE]